Labor Condition Application for Nonimmigrant Works

U.S. Department of LaborEmployment and Training Administration

Form ETA 9035

OMB Approval: Expiration Date:

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U.S. Department of Labor

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E.		ion A Information for A			-												
	This Section should be completed only if filing for more than 1 work location. 1. City State																
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	6. Other Wage Source																
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(summarized below: (1) Wages: Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as U.S. workers. (2) Working Conditions: Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. (3) Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment. (4) Notice: Notice to union or to workers at the place of employment. A copy of this form to the nonimmigrant worker(s). I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages.																
	F-1. Additional Employer Labor Condition Statements - H-1B Employers Only Please Note: In order for an application regarding H-1B nonimmigrants to be processed, you MUST read Section F-1 - Subsections 1 and 2 of the Labor Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you MUST read Section F-1 - Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2. 1. Subsection 1 Choose ONE of the following 3 alternatives: If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:																
	A																
	\mathbf{P}	Employer is H-1R depen	dent and/a	ar a will	ful												

Page Link

nonimmigrants.

Employer is H-1B dependent and/or a willful violator BUT will use this application ONLY to

support H-1B petitions for exempt

violator.

If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.

I have read and agree to Additional Labor

Condition Statements 2 A, B, and C.

B. Secondary Displacement: Non-displacement of U.S.

workers in another employer's work force; and

C. Recruitment and Hiring: Recruitment of U.S. workers and

O Yes

 \bigcirc No

hiring of U.S. worker applicant(s) who are equally or

better qualified than the H-1B nonimmigrant(s).



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Public Disclosure Information You must choose one of the two options listed in this Section. Employer's principal place of business 1. Public disclosure information will be kept at: O Place of employment H. Declaration of Employer By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read the sections E, F, and F-1 of the cover pages (Form ETA 9035CP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. 1. First Name of Hiring or Other Designated Official 2. Last Name of Hiring or Other Designated Official 3. Hiring or Other Designated Official Title 5. Date Signed 4. Signature - Do NOT let signature extend beyond the box Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law. I. Contact Information 1. Contact First Name 2. Contact Last Name Extension 3. Contact Phone Number J. U.S. Government Agency Use Only By virtue of my signature below, I hereby acknowledge this application certified for Date Starting _ and Date Ending ___ Signature and Title of Authorized DOL Official ETA Case Number Date The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified labor condition application. **K.** Complaints Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division, U.S. Department of Labor. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with: U.S Department of Justice * Office of the Special Counsel for Immigration-Related Unfair Employment Practices* 950 Pennsylvania Ave, NW * Washington, DC * 20530. If filing the form electronically, the Page Link field will be automatically created for you Page Link upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.